

11 17

BUREAU OF 21
STANDARD CERTIFICATE OF BIRTH

110

1. PLACE OF BIRTH

County Gila

State

ARIZONA

Township

or Village

City

Hayden

No.

St.

Lidia Lillian Carnighan,

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

(If child is not yet named, make supplemental report, as directed)

2. Full name of child

3. Sex
Female

If plural
births

4. Twin, triplet, or other

6. Premature

7. Legitimate?

8. Date of birth February 1, 19 15
(Month, day, year)

Full term X

yes

9. Full name

FATHER

Fred Carnighan

10. Residence (usual place of abode)
(If non-resident, give place and State)

Hayden, Arizona,

11. Color or race

White

12. Age at last birthday 27 (Years)

13. Birthplace (city or place)
(State or country)

Tombstone,

Arizona,

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Smelterman

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.

Copper Smelter

16. Date (month and year) last
engaged in this work

January, 1915

17. Total time (years)
spent in this work 10

18. Full
maiden
name

MOTHER

Rose Ortega

19. Residence (usual place of abode)
(If non-resident, give place and State)

Hayden, Arizona

20. Color or race

Mexican

21. Age at last birthday 26 (Years)

22. Birthplace (city or place)
(State or country)

Tucson,

Arizona

23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc.

Housewife

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.

At Home

25. Date (month and year)
last engaged in this work

January, 1915

26. Total time (years)
spent in this work 3

27. Number of children of this mother
(At time of this birth and including this child)

(a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn

28. If stillborn,
period of gestation

months
or weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

born alive at 6:00 A m. on the date above stated
(Born alive or stillborn)

When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return.

(Signed) Mrs. R. O. Carnighan Mother, M. D.

or

Hayden, Arizona,

Address

Filed October 9th, 1934

Registrar.

Given name added from
supplemental report

(Date of)

Registrar.

Acknowledged before me this 9th day of
October, 1934 W. D. R. [Signature] Notary Public, P.O.

My Commission Expires March 17, 1935

the child unless prevented or cured soon after
Keep the discharge of the mother out of the baby's eyes.
Wipe the baby's eyes with a absorbent cotton swabbed in warm boiled
water as soon as the head is born.
Bathe the cotton used, the disease is infectious.
Do not include the eyes in the first general bath.
Do not include the eyes of the child as soon as it is born & one (1) per cent solu-